

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **203**
City **St. Louis** (No. **4236**) **Wyoming** Ward

File No. **34964**
Registered No. **9145**
St. Ward)

2. FULL NAME

(a) Residence, No. **4236** **Wyoming** St., **16** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Sanfarth		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1863		
7. AGE YEARS 70	MONTHS 3	DAYS 0
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) St. Louis Mo		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
13. NAME Daniel Kern		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Carrie Frankmeier 4236 Wyoming		
18. BURIAL, CREMATION, OR REMOVAL PLACE old St. Marcus DATE Oct 25 1933		
19. UNDERTAKER (ADDRESS) Wacker, Elderle 2331 Broadway		
20. FILED 24 1933 J. F. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 22 1933**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1931** to **Oct 22 1933**
I last saw him alive on **Oct 21 1933** Death is said to have occurred on the date stated above, at **8:30** a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
93C
82A
Other contributory causes of importance:
Myocarditis Chronic
Date of onset **10/19/33**

Name of operation **Tunica** Date of **Nov**
What test confirmed diagnosis? **Tunica** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Pierce W. Powers**, M. D.
(Signed) **Pierce W. Powers**
(Address) **2531 1/2 Jefferson**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 20 1933

